On-Site Sewage System/Sewage Tank Service Report

Instructions for completing report form: This form is to be completed only by a certified on-site sewage system pumper who is pumping a sewage tank and hauling the septage to an authorized disposal site. At the time of service the certified pumper performing such service must provide (at a minimum) this or other comparable written service report to the owner and to the health officer upon request. Authority: Chapter 13.68, the Code of the King County Board of Health, Title 13. April 19, 1999.

General Information (Please print):

OSS Pumper Name: _____

King County Certification Number: _____

Name of Pumping Firm: _____

Address: _____

Telephone: _____

Name of Owner/Occupant of Property Serviced: _____

Address: _____

Telephone: _____

Date of Report: ___/___/___

Pumping Schedule:

Date of Service: ___/___/___

Sewage Tank Data (Check all that apply):

Type of Sewage Tank: ___ Septic Tank   ___ Pump Tank   ___ Holding Tank   ___ Other: _____

Number of Compartments Pumped: _____

Number of Gallons Pumped: _____

CHECKLIST ITEM	Measurement	Satisfactory	Unsatisfactory	Not Observed	Action Taken
1. Depth of Floating Scum Mat 1st Compartment	(in.)				
2. Depth / thickness of Sludge Layer 1st Compartment	(in.)				
3 Depth of Floating Scum Mat 2nd t Compartment	(in.)				
3. Depth / thickness of Sludge Layer 2nd Compartment	(in.)				
5. General Tank Condition					
6. Locking-Type Lid(s)					
7. Riser(s) at Grade					
8. Inlet Baffle Condition					
9. Condition of Compartment Wall Baffle					
10. Outlet Baffle Condition					
11. Effluent Baffle Screen Condition					
12. Effluent Baffle Screen Cleanliness					
13. Tank Leakage Observed		☐ No	☐ Yes		
14. Groundwater Infiltration Observed		☐ No	☐ Yes		
15. Surface Runoff Infiltration Observed		☐ No	☐ Yes		

Description of any other service performed: _____

Recommendations to the Sewage Tank Owner: _____

Signature of OSS Pumper: _____   **Date: ___/___/___**

Sewage Tank Service Report, 4/19/99 Revised 9/24/99 REV 9/7/00